

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577582

FILING DATE

4.27.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18	1		1			
19		1				
20		1				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27	1		1			
28		1				
29		1				
30		1				
31		2				
32		2				
33		2				
34		2				
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36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44	1		1			
45	1		1			
46						
47		2				
48		2				
49		2				
50		2				
TOTAL IND.			4			
TOTAL DEP.			45			
TOTAL CLAIMS			49			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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